

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo.

Request to amend name on order before certificate
issued.

AA Carolina Events, Inc. DBA Carolina Limousine

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 395 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Joseph E. Reinhardt

Telephone: 843-294-5466

Address: 157 Governors Loop

Fax: 803-753-9030

Myrtle Beach SC 29588

Other:

Email: JOE@CAROLINA.LIMO.NET

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class B Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input checked="" type="checkbox"/> Other: Req to amend name on order |
- before certificate has been issued

JAN 25 2011
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

REQUEST TO AMEND NAME ON ORDER BEFORE CERTIFICATE ISSUED

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

* DATE: 1/24/11

On 12-16-10, Order # 2010-836 was issued granting a certificate for the following:
 (DATE)

- ☐ Class C Taxi
☐ Class C Charter
☒ Class C Charter Bus
☐ Class C Non-Emergency

A certificate has not been issued yet. Please consider this as my request to change the certificate holder name that is on the above named Order to the following:

☒ Name Change

From: AA Carolina Events, Inc DBA: Carolina Limousines
 (Current Name) (Current DBA if applicable)

TO: AA Carolina Events, Inc DBA: N/A
 (New Name) (New DBA if applicable)

AA Carolina Events, Inc
 (Name & DBA if applicable)

* 157 Governors Loop
 (Street and/or Mailing Address)

* Myrtle Beach, SC 29588
 (City, State, Zip Code)

* Joe B. Reinhardt
 (Signature)

* 843-294-5466
 (Telephone Number)

* President
 (Title)

FAX COVER SHEET

TO	Public Service Department
COMPANY	Public Service Department
FAX NUMBER	18038965199
FROM	Joe Reinhardt
DATE	2011-01-24 21:35:31 GMT
RE	Docket No. 2010-395-T

COVER MESSAGE

To Whom it May Concern,

I have submitted a request to amend the name on an order before a certificate has been issued. I am asking the PSC to expedite this request. Refer to the Docket No. 2010-395-T

Thanks
Joseph B. Reinhardt



FAX TRANSMITTAL SHEET
Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

(803) 737-0578 Phone

(803) 737-0815 Fax (direct to my desk)

Email: (cchauvi@regstaff.sc.gov)

From: Carole Chauvin, Transportation Department

Date: 1-24-11

Please Deliver Immediately To:

Joe - AA Carolina Events, Inc. DBA Carolina Limousine (charter bus)

Fax Number: 803-753-9030

Subject: Request to Amend name on Order

Number of Pages (including this cover sheet): 3

☐

For Review

☐

Please Reply

☐

Urgent

Hi Joe,

Following up with our telephone conversation earlier today, attached are forms that need to be completed in order to amend the name issued on your Order granting you a Charter Bus Certificate.

The two forms, the Transportation Cover Sheet and the Request to Amend Name on Order Before Certificate Issued need to be completed. An * with a circle around indicates the portions you need to fill out and sign. Both of those forms are sent to the Public Service Commission, not our office. Their fax number is 803-896-5199.

Use your own cover sheet to go with these two forms and request the following:

I have submitted a request to amend the name on an order before a certificate has been issued. I am asking the PSC to expedite this request. Refer to the Docket No. 2010-395-T

Sign your name

Thanks, Carole